U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210-

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

EMPLOYEE REPORT OL ESTATE AND A STATE OF THE PROPERTY OF THE P This report is mandatory under N32221 For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 2. Fiscal Year Covered From: 1. File Number U -12.383 1 / Doo4 Through: [2 / 3] / 2004 4. Name, file number, and address of labor organization. 3. Name and address of person filing. Name EDWACD N THOMAS BCTGM Labor Organization File Number 039 - 303 P.O. Box, Building and Room Number, if any P.O. Box, Bldg., Room No., if any Street Street E 19th City ZIP Code + 4 44/14 State ZIP Code + 4 44114 State Position in labor organization. TREASURER Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: NONR P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City ZIP Code + 4 State Signature 15. Signature and verification. The undersigned clealares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Telephone Number

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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13.b. Is the Business an Employer or Consultant ?		

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8. Name and address of Business (including trade name, if any). Name WALSOAF WYATT LID COW, UR Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 1900 Street 1001 LAKESIJE AVE City CLRUR (Am) State DNO ZIP Code + 4 44/14	9. Business deals with: a. Labor Organization b. Trust c. Employer	
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